

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.  
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

2010 OCT 20 AM 8:54  
USPS 10/18

**COMMITTEE NAME** (Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

**IMPORTANT:** Indicate by # type of committee you are reporting for. 5

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. # \_\_\_\_\_  
Logged In \_\_\_\_\_  
Scanned \_\_\_\_\_  
Computer \_\_\_\_\_  
Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Dennis W. Menefee  
SIGNATURE OF PERSON FILING REPORT

712-276-3327  
TELEPHONE

10/16/10  
DATE SIGNED

I AM FILING A October 19, 2010

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

### STATEMENT OF CASH ON HAND

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 314.41

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

1,765.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

1,985.00

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 93.91

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 1,919.21

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 825.00

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 1,000.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
08/09/10	ID# CK# CASH	Diane Christiansen 1702 Lemon St. Sioux City, IA 51106		\$100	<input type="checkbox"/>
08/09/10	ID# CK# 2015	John B. Priestley 2626 Olive Sioux City, IA 51106		50	<input type="checkbox"/>
08/09/10	ID# CK# 5863	Stephen F. and Janet G. Wimer 2806 Jonquil Place Columbia, MO 65202		200	<input type="checkbox"/>
08/20/10	ID# CK# 7895	Warren Nelson 40 Ridgeview Road Sioux City, IA 51104		100	<input type="checkbox"/>
08/27/10	ID# CK# 1685	K.G. Skip Perley 524 Pelletier Dr. Sioux City, IA 51104		50	<input type="checkbox"/>
08/27/10	ID# CK# 3429	George Thorpe Clark #19 37th St. Pl. Sioux City, IA 51104		10	<input type="checkbox"/>
08/27/10	ID# CK# CASH	Matt Collins 403 Elizabeth Blvd. Anthon IA. 51004		100	<input type="checkbox"/>
08/27/10	ID# CK# 7507	K and D Hall 12324 78th Ave. West Andalusia, IL 61232		100	<input type="checkbox"/>
08/27/10	ID# CK# 8530	Colin Jensen 2402 Manhattan Blvd. Spirit Lake, IA 51360		100	<input type="checkbox"/>
08/27/10	ID# CK# 2587	Gerald J. McGowan 2605 W. Solway Sioux City, IA 51104		50	<input type="checkbox"/>
SUB-TOTAL				\$ 860	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
08/30/10	ID# CK# 4335	H. and J. Johnson 4655 Ravine Park Drive Sioux City, IA 51106		\$50	<input type="checkbox"/>
08/30/10	ID# CK# 11122	Charles Knoepfler 501 Buckwalter Drive Sioux City, IA 51104		35	<input type="checkbox"/>
09/10/10	ID# CK# 3337	Stewart A. Huff 185 Windflower Bend Dakota Dunes, SD 57049		100	<input type="checkbox"/>
09/20/10	ID# CK# 11005	Elbert J. and Sandra K. Baker 1997 Carroll Ave. Sergeant Bluff, IA 51054		50	<input type="checkbox"/>
09/20/10	ID# CK# 1647	Thomas and Sandra Hanlon 2609 Marshall Aave. Sioux City, IA 51106		50	<input type="checkbox"/>
09/22/10	ID# CK# 3869	Doug Palmer 6 Fox Red Run Sioux City, IA 51104		100	<input type="checkbox"/>
10/01/10	ID# CK# 8639	John Gleeson 58 Red Bridge Road Sioux City, IA 51104		200	<input type="checkbox"/>
10/05/10	ID# CK# 10517	Bruce Lewis 3119 Knollwood Court Sioux City, IA 51106		100	<input type="checkbox"/>
10/05/10	ID# CK# 2422	Lee Brennan PO Box 241 Sergeant Bluff, IA 51054		20	<input type="checkbox"/>
10/06/10	ID# CK# 1095	Catherine Bryan 2000 Outer Drive Apt 131 Sioux City, IA 51104		100	<input type="checkbox"/>
SUB-TOTAL				\$ 805	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 3  
(for Schedule A)

(Including candidate's personal funds)

(Rev. 07/03)

## MONETARY RECEIPTS

☐ CHECK THIS BOX IF  
AMENDING FORM

**MIKE CLAYTON FOR TREASURER**

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES:** NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

**B**

(Rev. 07/03)

MONETARY  
EXPENDITURES

☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
08/03/10	ID# CK# 1033	Impressions 4305 Stone Ave. Sioux City, IA 51106	1,000 Postcards @ \$.05 / 1,000 Postcards @ \$.08	\$ 139.10
08/13/10	ID# CK#	Refund of entry fee for Rivercade Parade		(\$50.00)
08/13/10	ID# CK# 1034	USPS	Stamps	88.00
08/20/10	ID# CK# 1035	USPS	Stamps	88.00
10/18/10	ID# CK# 1036	Powell Broadcasting	Radio Advertising	1720.40
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 1,985.50

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(j).)

Page 1 of 1

(for Schedule B)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
--------------------------------------	--------------------------

**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

☐ CHECK THIS BOX  
IF AMENDING  
FORM

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
03/22/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	2,500 Red, White, Trevi Pens	\$ 568.24
04/03/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Candy for Parade	39.89
04/22/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Laser Labels and Envelopes	60.17
04/22/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Supplies for Yard Signs	11.34
04/26/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Copy Paper	34.14
04/26/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Sign at Smithland, IA	17.87
05/02/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Magnets for Signs	19.20
SUB-TOTAL			\$ 750.85
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 3  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

**COMMITTEE NAME** (Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
--------------------------------------	--------------------------

**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

☐ **CHECK THIS BOX  
IF AMENDING  
FORM**

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
05/05/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Monogram	\$ 13.90
05/06/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Materials for Merville, IA sign	47.60
05/06/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Wood treatment for Merville, IA sign	14.96
05/28/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	T-Shirts from T'S 2 Pleeze	89.88
06/09/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Political Thank You	440.00
06/17/10	Michael clayton 3600 Transit Ave Sioux City, IA 51106	Meals for planning meeting	147.17
07/03/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Candy for parade	32.17
SUB-TOTAL			\$ 785.68
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 

\*If actual figure is unknown, show "estimated" beside the figure.

Page 2 of 3  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

COMMITTEE NAME (Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
07/16/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Candy for parade	\$ 83.55
08/13/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Candy for parade	61.53
08/14/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Candy for parade	71.79
08/20/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Envelopes	12.55
09/06/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Materials for signs	81.87
09/26/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Materials for signs	71.39
SUB-TOTAL			\$ 382.68
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,919.21

\*If actual figure is unknown, show "estimated" beside the figure.

Page 3 of 3  
(for Schedule D)

## CANDIDATE COMMITTEES NOTE:

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.



FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
MIKE CLAYTON FOR TREASURER

Reset Form

SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
4/22/10	Robert G. Knowler 4001 Old Lakeport Road Sioux City, IA 51106		Envelopes, stationary	\$ 75.00	<input type="checkbox"/>
5/29/10	Robert G. Knowler 4001 Old Lakeport Road Sioux City, IA 51106		Printing 300 posters at \$.50 ea	150.00	<input type="checkbox"/>
5/29/10	Robert G. Knowler 4001 Old Lakeport Road Sioux City, IA 51106		Use of fire truck for Morningside Days Parade	150.00	<input type="checkbox"/>
5/29/10	Robert G. Knowler 4001 Old Lakeport Road Sioux City, IA 51106		Use of convertible for Anthon parade	150.00	<input type="checkbox"/>
5/29/10	Robert G. Knowler 4001 Old Lakeport Road Sioux City, IA 51106		6 hrs use of Calliope and Circus Truck	300.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	825.00

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

RESET

SCHEDULE

F

(Rev. 02/08)

LOANS  
RECEIVED  
& REPAYED

☐ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
04/25/10	Michael Clayton 3600 Transit Ave Sioux City, Iowa 51106	He is the candidate	\$ 1000

TOTAL (PART I)

\$ 1000

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$

From Schedule E -- TOTAL LOANS FORGIVEN

\$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 1000

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page 1 of 1  
(for Schedule F)